## MICHIGAN DEPARTMENT OF EDUCATION SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDER APPLICATION

**INSTRUCTIONS:** Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to <a href="Mailto:VrettasA@michigan.gov">VrettasA@michigan.gov</a>.

For Profit Company  Non-Profit Organization  Institution of Higher Education  Public School Academy  Intermediate School District  Faith-Based Organization  Section 1: Provider Identification	
Section 1: Provider Identification	
Name of Entity School District of the City of Pontiac	
Name of Director Val Hughes	
Address 47200 Woodward Avenue City Pontiac State MI Zip	48342
Phone (248) 451-7551	
Proposed Location of Services (if different from above):	
Address City State Zip_	
If different from Director:  Name of Contact Person Val Hughes	
Address 60 Parkhurst City Pontiac State MI Zip 4	48342
Phone (248) 451-7506	
Section 2: Provider Geographic Service Area Information  1. Our organization can provide services to:	
All local school districts/PSAs in Michigan: Yes No X	
To only the following areas: (Please list the counties or local school districts/PSAs y willing to serve)	ou are
Pontiac Schools K-12, Pontiac Public Schools Academy (K-8),	
Pontiac Academy of Excellence (K-8), Walton Charter Academy (K-6)	
2. Proposed Location of Services – Provide addresses for the locations where you plan to delive services to students:	er SES
Site Location #1: Pontiac School District Sites	
Site Location #2: Faith-Based Organizations in geographical area	
Site Location #3: City of Pontiac Community Centers	<del></del>

<b>3. Transportation</b> – Provide information about accessibility to public transportation from	your site:
City transportion available door to door and at the station for Auburn Hills and Ponti	iac residents
4. Indicate if you are willing to provide services to eligible students at the school	site:
Yes X No	
Section 3: Provider Academic/Instructional Program Information	
1. Subject Areas Covered – List all subject areas you address in working with stude	ents:
Reading/Math tutoring is available to all students including LEP, Bilingual and Spec	cial Education
2. Grade Level Able to Serve – Indicate the grade levels you are able to serve: K - 1	2
3. Time of Services – Indicate when you deliver services to students:	
Before School X After School X Weekends X Summer Other	
Mode of Instructional Delivery Describe the methods be realist assured	1-1:
<b>1. Mode of Instructional Delivery</b> – Describe the methods by which your program of instruction to students:	Jenvers
☐ Individual Tutoring ☐ Small Group Instruction ☐ Large Group In	struction
Online Web-Based Other	
5. Schedule of Services – Indicate the length of each tutoring session and number of	sessions per wee
Length of Session 2 hours Number of Sessions per Week Four	
5. Staffing – Indicate the type(s) of staff that provide instruction to students:	
X Certified Teachers Paraprofessionals Volunteers X Other Tuto	ors
7. Special Populations Served – Indicate special populations you are able to serve:	
X Special Education X Limited English Proficient Other	
Section 4: Provider Fees	
Cost/Fee Structure – Check and complete the cost/fee structure you use:	
x \$35.00 per pupil per session (unit of time, e.g., hour, week, etc.) per student.	
\$\(\text{(flat fee) for \(\text{(unit of time, e.g., month, semester, year) per studer}\)	nt